

Department of Labor and Workforce Development

Incumbent Worker Application Review

<i>Required Information</i>		Yes	No
1.	Does application contain original signatures and dates throughout		
2.	Minimum 1 year in business		
3.	Required for profit		
4.	Not for profit/ Health care only		
5.	Shows grant request amount		
6.	Complies with \$50,000 cap		
7.	Demonstrates employer match		
8.	Minimum of 5 FT employees		
9.	Budget calculations correct		

<i>Required Information</i>		Yes	No
10.	Trainees' names		
11.	Current on all Tennessee taxes		
12.	Federal ID# shown		
13.	TN sales Tax # shown (If applicable)		
14.	UI ID# shown		
15.	NAICS code shown		
16.	Number of training hours		
17.	Cost of instruction/training		
18.	Training provider information		
19.	Actual start and end dates		

If answered "Yes" award 25 points and continue evaluation process

<i>Desired Outcome</i>		Value	Score
20.	Prevent relocation	5	
21.	Will save jobs	5	
22.	Will create new jobs	5	
23.	Will improve short term wages	5	
24.	Will improve long term wages	5	
25.	Will result in certification	5	
26.	Train in a demand occupation	5	
27.	Skills upgrade	5	
28.	Assist in training minorities	2	
29.	Assist in training veterans	2	
30.	Assist persons with disabilities	2	
Total		46	

<i>Needs Assessment</i>		Value	Score
Provide a detailed explanation as to why you need the proposed training and how it will accomplish the stated desired outcomes.		25	
<i>Training Plan</i>		Value	Score
Provide a detailed training plan that includes actual start a completion date type of training, training provider, #full time employees to be trained, total # of employees, # of training hours, cost of instruction/training, etc		25	
Total		50	

<i>Special points</i>		Value	Score
Utilize local Career Center services		5	
Utilize LWIA to develop training plan		5	
Two or more training provider cost estimates (If applicable)		5	
Total		15	

Proposal must score at least 100 before LWIA recommendation for State approval.

Evaluation Score	Value	Score
Required Information	25	
Desired Outcome	46	
Training Plan	25	
Needs Assessment	25	
Special Points	15	
Total Possible Score	136	

Reviewer Signature _____

Date _____

Revision Date: June 2008